



FEDERAL DISCRETIONARY GRANTS SECTION
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
HURRICANE RELIEF PROGRAM FOR HOMELESS & DISPLACED STUDENTS
APPLICATION BY PARENT OR GUARDIAN FOR AID ON BEHALF OF NONPUBLIC DISPLACED STUDENTS

FORM DUE FROM THE NONPUBLIC SCHOOL THURSDAY, JANUARY 26, 2006

DIRECTIONS

This form is to be completed by the parent or guardian of a displaced student. To process this application, **all** sections of the form must be completed. If more than four children are requesting aid, copy this form. **The parent must return the form to the nonpublic school in which their student attended on the appropriate count day(s).**

The nonpublic school must fax this completed form along with the Certification by Nonpublic Schools for Emergency Impact Aid for Displaced Students by Thursday, January 26, 2006 to 573-526-6698.

Questions, contact: Ph. (573) 526-3232 or e-mail to: webreplyimprfdg@dese.mo.gov; Visit DESE's website at: <http://dese.mo.gov/divimprove/fedprog/discretionarygrants/index.html> to view the law and Federal Frequently Asked Questions.

SECTION I – FOR DESE USE ONLY

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE	DATE
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SECTION II – PARENT/GUARDIAN INFORMATION

NAME OF PARENT/GUARDIAN	TELEPHONE NUMBER	
ADDRESS	CITY, STATE	ZIP

SECTION III – STUDENT INFORMATION (CHILDREN ENROLLED IN NONPUBLIC SCHOOL PRIOR TO 12/30/2005):

NAME	GRADE	TOTAL AMOUNT OF TUITION PAID	HAS TUITION BEEN REIMBURSED OR WAIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	GRADE	TOTAL AMOUNT OF TUITION PAID	HAS TUITION BEEN REIMBURSED OR WAIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	GRADE	TOTAL AMOUNT OF TUITION PAID	HAS TUITION BEEN REIMBURSED OR WAIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	GRADE	TOTAL AMOUNT OF TUITION PAID	HAS TUITION BEEN REIMBURSED OR WAIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO

	Quarter 1 on September 28, 2005	Quarter 2 on November 21, 2005	Quarter 3 on January 25, 2006	Quarter 4 on March 22, 2006
Total number of displaced students: (1) for whom the parent expects to receive payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are not</u> receiving special education and related services consistent with IDEA.				
Total number of displaced students: (1) for whom the parent expects to receive payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are</u> receiving special education and related services consistent with IDEA.				

SECTION IV – SCHOOL INFORMATION

NONPUBLIC SCHOOL NAME		
ADDRESS	CITY, STATE	ZIP
PUBLIC SCHOOL NAME WITHIN WHOSE BOUNDARIES THIS NON-PUBLIC SCHOOL IS LOCATED		

SECTION V – ASSURANCES AND CERTIFICATION

I request that the by-pass contractor make payments to Emergency Impact Aid Accounts on behalf of each of my children named above.

I certify that I enrolled my children named above in this non-public school prior to December 30, 2005 (the date of enactment of the law authorizing Emergency Impact Aid for Displaced Students).

I certify that my children named above were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita and, as a result, are displaced students.

SIGNATURE OF PARENT	DATE
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